

ACCESS TO CLASSIFIED MATERIAL (AUTHORIZATION REQUEST)

The purpose of this form is to authorize an individual access to a specific degree of classified information within the command. After completion of Sections I and II, forward to the Security Office for processing. This document becomes part of the employee's security file.

Section I Completed By Employee

Print Name (Last, First, M.I.)		SSN	Rank/Rate/Grade	Code
Date of Birth:	Place of Birth:		Onboard Date:	

Section II Completed By Requesting Supervisor

1.	To perform official command duties, this individual requires access to the following type of classified information (check one):	<input type="checkbox"/> Top Secret	<input type="checkbox"/> Secret	<input type="checkbox"/> Confidential	<input type="checkbox"/> None
2.	Justification for Clearance: (briefly explain reason for requested access level)				
3.	Will individual be assigned to duties involving education of DON employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4.	Will individual be assigned to unclassified data requiring special protection (Privacy Act, For Official Use Only, Restricted Technical Documents)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
5.	Will individual be required to travel often?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
6.	Will individual be required to go aboard ships?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
7.	Will individual require SIPRNET access?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Requesting Official: (Department Head or above)

Print Name: Signature: Date:

Section III Completed By Security Office

Date of Investigation:				
Type of Investigation: <input type="checkbox"/> Top Secret <input type="checkbox"/> Secret <input type="checkbox"/> Confidential <input type="checkbox"/> None				
Granting Agency: <input type="checkbox"/> DSS <input type="checkbox"/> OPM <input type="checkbox"/> Other				
Source of Clearance Information: <input type="checkbox"/> EDVR <input type="checkbox"/> JPAS <input type="checkbox"/> Other				

Verifying Official:

Print Name: Signature: Date: